

AUG 07 2008

PTO/SB/21 (01-08)

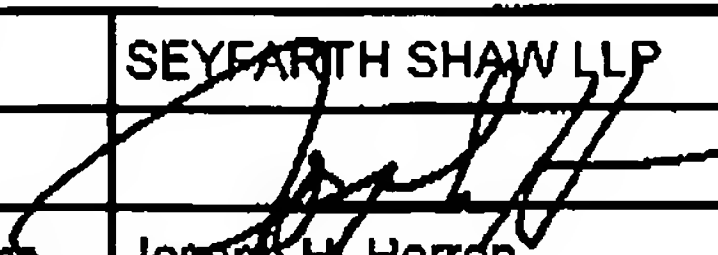
Approved for use through 04/30/2008. OMB 0851-0031

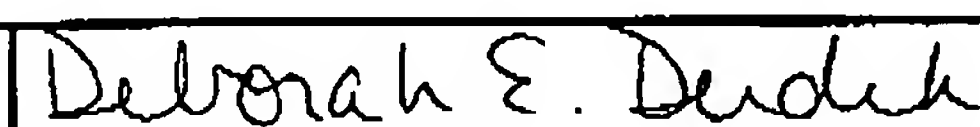
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/708,631	
	Filing Date	March 16, 2004	
	First Named Inventor	Melissa Schneider	
	Art Unit	2145	
	Examiner Name	William J. Goodchild	
Total Number of Pages in This Submission	17	Attorney Docket Number	35041-400400

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Request for Continued Examination; 2) Response to Interview Summary
Remarks In the event any fees are necessary to be paid, the Commissioner is authorized to debit Deposit Account No. 19-1351.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	SEYFARTH SHAW LLP		
Signature			
Printed name	Joseph H. Herron		
Date	August 7, 2008	Reg. No.	53,019

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Deborah E. Dudek	Date	August 7, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

AUG 07 2008

08-07-08 15:16

Pg: 4/17

PTO/SB/17 (10-07)

Approved for use through 08/30/2010. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p><i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		<p>Complete If Known</p>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/708,631
		Filing Date	March 16, 2004
		First Named Inventor	Melissa Schneider
		Examiner Name	William J. Goodchild
		Art Unit	2145
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	
(\$635.00)		35041-400400	

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 19-1351
 Deposit Account Name: Seyfarth Shaw LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185
<u>Total Claims</u> - 20 or HP = _____ x _____ = _____		
<u>Indep. Claims</u> - 3 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20 HP = highest number of independent claims paid for, if greater than 3		
<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = _____ /50= _____ (round up to a whole number) x Fee (\$) = Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
 Other (e.g., late filing surcharge): Request for Continued Examination & Two-Month Extension of Time 635.00

SUBMITTED BY		
Signature	Registration No. 53,019 (Attorney/Agent)	Telephone 312-460-5000
Name (Print/Type) <u>Joseph H. Herron</u>		
Date <u>August 7, 2008</u>		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

AmericanLegalNet, Inc.
k17ow.com

**RECEIVED
CENTRAL FAX CENTER**

AUG 07 2008

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/708,631

CUSTOMER NO. 27717

Applicant: Melissa Schneider et al.

Filed: March 16, 2004

Confirmation No.: 2630

Docket No.: 35041-400400

Examiner: William J. Goodchild

Date: August 6, 2008

TC/A.U.: 2145

Title: METHOD FOR DETECTING
FRAUDULENT INTERNET TRAFFIC

Mail Stop: Amendment
Director for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

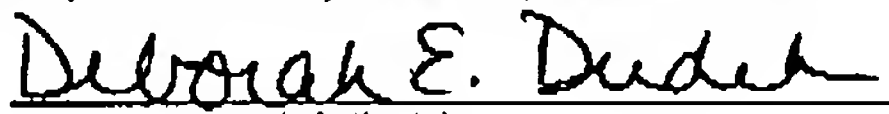
RESPONSE TO INTERVIEW SUMMARY

Dear Sir:

In response to the Examiner's Interview Summary dated July 18, 2008, please find the attached remarks.

Certificate of Transmission/Mailing

I hereby certify that on August 6, 2008 this document is being facsimile transmitted (fax #571-273-8300) to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Deborah E. Dudek

Appl. No. : 10/708,631

Amdt. Dated: August 6, 2008

Reply to Interview Summary of July 18, 2008

REMARKS

On July 15, 2008, the undersigned attorney conducted a telephonic interview with Examiner William J. Goodchild and Examiner Ajay Bhatia. This is to state that the undersigned attorney is in agreement with the Examiners' Interview Summary.

Applicant would like to thank Examiner Goodchild and Examiner Bhatia for their time in discussing the proposed amendments on July 15, 2008.

Should any formalities remain which can be addressed by Examiner's Amendment, Applicant requests that the undersigned attorney can be contacted in order to expedite the prosecution of the present application.

Respectfully submitted,

By 

Joseph H. Herron
PTO Reg. No. 53,019
Seyfarth Shaw LLP
Attorneys for Assignee
131 South Dearborn Street
Suite 2400
Chicago, Illinois 60603-5577
312-460-5000
312-460-7000 (fax)